

FELY'S
8 LAKE STREET,
MONROE, N. Y. 10950

Superfund Records Center

SITE: Coahly

BREAK: 11.9

OTHER: 559869

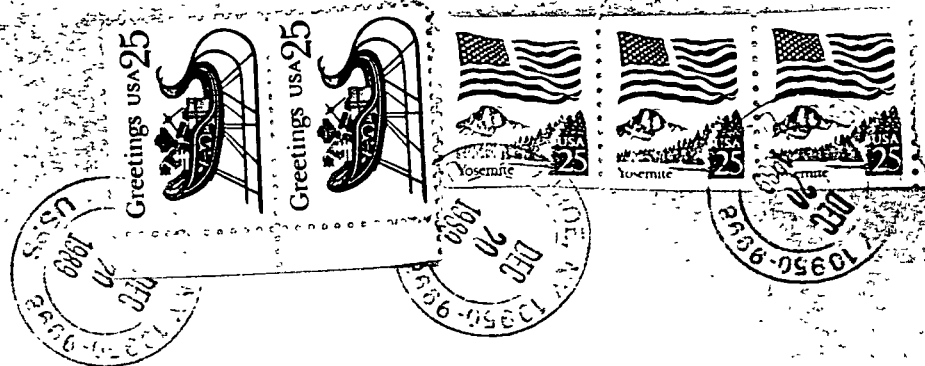


SDMS DocID

559869

REC'D DEC 17 1989
REC'D DEC 27 1989

Mr. Steven Calder, Remedial Proj. Mgr.
U S EN VIRONMENTAL Protect Agency.
POB 5988
JFK Station
Boston, MA 02114



N/A - NOT APPLICABLE

FELY'S Manufacturers Outlet Stores
BUY SHOWROOM SAMPLES

FELY'S
6 Lake Street
Monroe, NY 10950
(914) 783-6688

Division of Pic N' Pay Inc.
and
N.Y. Outlet Inc.

REC'D DEC 27 1989

ATTACHMENT A
Page 5

REQUESTS

GENERAL INFORMATION

1. Identify the person(s) answering these Requests on behalf of the Respondent. *BARRY LEEDS PRES.*
2. For each and every Request contained herein, identify all persons consulted in the preparation of the answer. *BARRY LEEDS PRES.*
3. For each and every Request contained herein, identify all documents consulted, examined or referred to in the preparation of the answer and provide true and accurate copies of all such documents. *N/A*
4. If you have a reason to believe that there may be persons able to provide a more detailed or complete response to any Request contained herein or who may be able to provide additional responsive documents, identify such persons and the additional information or documents that they may have. *N/A*
5. Identify all persons, including Respondent's employees, who have knowledge or information about the generation, use, purchase, treatment, storage, disposal or other handling of materials at, or transportation of materials to the Site. *BARRY LEEDS*
6. For each and every Request contained herein, if information responsive to this Information Request is not in your possession, custody or control, then identify the persons from whom such information may be obtained. *N/A*
7. If you have answered any of these requests in a previous Information Request letter, please specify the date of the letter and the request to which you have responded relevant to Coakley Landfill. *NO*

FINANCIAL/CORPORATE INFORMATION

8. Please state the correct legal name of your town, company, agency or business. For towns, provide the name and address of the current primary officer or town manager of your town. For companies, provide the name and address of the current president and chairman of the board of directors of your company. Additionally, please state any other names by which your company has been known. *PIC N PAY INC.*
9. If the company is or was a subsidiary of another corporation, identify such other corporation and state the dates during which the parent/subsidiary relationship existed and the name and address of that corporation president and chairman of the board and other officers. *N/A*

10. Identify the state of incorporation and the agency for service of all companies identified in response to Requests 8 and 9 above. For towns, also include all notice requirements for suits against the town. *N.Y.*
11. Please state the nature of your company's business and briefly describe its operation. *RETAIL*
- COPY*
POLICY
ATTACHED 12. Identify all liability insurance policies held by Respondent from 1960 to the present. In identifying such policies, state the name and address of each insurer and of the insured, the amount of coverage under each policy, the commencement and expiration dates for each policy, whether or not the policy contains a "pollution exclusion" clause, and whether the policy covers or excludes sudden, non-sudden or both types of accidents.
13. Identify all Respondent's current assets and liabilities and current net worth. *see ATTACHED*

GENERATOR/TRANSPORTER INFORMATION

14. Have you or any person working with you or on your behalf ever accepted materials (hazardous and non-hazardous) for transportation to the Site from any person? If the answer to this question is anything but an unequivocal no, identify: *NJ*
- All persons, including you, from whom you or such other persons accepted materials for transportation to the Site.
 - In general terms, the nature and quantity of all nonhazardous materials accepted for transportation to the Site.
 - The nature of the hazardous materials accepted for transportation to the Site including the chemical content, characteristics, physical state (e.g., solid, liquid), and the process which generated the material.
 - The persons from whom you accepted hazardous materials.
 - Every date on which you transported hazardous materials to the Site.
 - The owners of the hazardous materials that were accepted for transportation.
 - The quantity (weight and volume) of hazardous materials brought to the Site.
 - All tests, analyses, analytical results and manifests concerning each hazardous material accepted for transportation to the Site.

- i. The precise location(s) at the Site to which each hazardous material was transported.
 - j. The persons who selected the location to which you would take each hazardous material. Where such persons intended to have the hazardous materials involved in each arrangement treated or disposed of and all evidence of their intent.
 - k. Who selected the Site as the location to which you would take each hazardous material.
 - l. The amount you were paid for accepting the hazardous materials for transportation, the method of payment and the identity of the persons who paid.
 - m. The amount you paid to dispose of the material at the Site, the method of payment and the identity of all persons whom you paid. Please provide copies of all contracts or agreements you have had with the City of Portsmouth, NH.
 - n. All sites at which such hazardous materials were trans-shipped through, or were stored or held at, prior to their final treatment or disposal.
 - o. What was done to the hazardous materials after they were transported to the Site.
 - p. The final disposition of each of the hazardous materials brought to the Site.
 - q. The markings on, type and number of containers in which the hazardous materials were contained when they were accepted and when they were left at the Site.
 - r. The number(s) assigned to your particular company by the City of Portsmouth. Review of previous weight slips issued to users of the Coakley Landfill specified a number in the upper left-hand corner, which we believe refers to a permit number. In addition, if you have a list of any or all other users of the landfill with or without assigned permit numbers, please provide that information also.
15. Has your company arranged for disposal or treatment, or transportation for disposal or treatment, of hazardous substances to the Site? If the answer to this question is anything but an unequivocal no, identify: *NO*
- a. All persons, including you, who may have arranged for disposal or treatment or arranged for transportation for disposal or treatment of materials at or to the Site (or any transshipment site).

P8-31-89

Form 1120 (1988)

Page 4

Schedule L Balance Sheets

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		10579		5924
2 Trade notes and accounts receivable				
a Less allowance for bad debts				
3 Inventories		6180		6210
4 Federal and state government obligations				
5 Other current assets (attach schedule)		100		
6 Loans to stockholders				
7 Mortgage and real estate loans				
8 Other investments (attach schedule)		2782		2592
9 Buildings and other depreciable assets	25998		25998	
a Less accumulated depreciation	24458	1540	24852	1146
10 Depletable assets				
a Less accumulated depletion				
11 Land (net of any amortization)				
12 Intangible assets (amortizable only)				
a Less accumulated amortization				
13 Other assets (attach schedule)		2335		2335
14 Total assets		23516		18207
Liabilities and Stockholders' Equity				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach schedule)		1675		2212
18 Loans from stockholders		4980		4939
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach schedule)				
21 Capital stock: a Preferred stock				
b Common stock	5000	5000	5000	5000
22 Paid-in or capital surplus				
23 Retained earnings—Appropriated (attach schedule)				
24 Retained earnings—Unappropriated		11861		6056
25 Less cost of treasury stock		()		()
26 Total liabilities and stockholders' equity		23516		18207

Schedule M-1 Reconciliation of Income per Books With Income per Return (You are not required to complete this schedule if the total assets on line 14, column (d), of Schedule L are less than \$25,000)

Goshen
210 Main Street
294-6161

WALLACE & BERRY ASSOCIATES, INC.

Monroe
10 Lake Street
782-8284

December 8, 1989

Barry Leeds
Fely's Fashion
6 Lake Street

MONROE, NY 10950

Dear Mr. Leeds:

Per your request, following is a listing of insurance policies which we had for you from 1977 to the present:

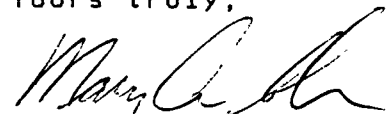
11/4/77 - 11/4/78	SM428721	Aetna C & S	\$ 100,000
11/4/78 - 12/21/78	SM508306	Aetna C & S	\$ 100,000
5/5/79 - 5/5/80	650848E2109IND79	Travelers	\$ 300,000
5/5/80 - 5/5/81	650848E2109IND80	Travelers	\$ 300,000
5/5/81 - 5/5/82	650848E2109IND81	Travelers	\$ 300,000
5/12/82 - 5/12/83	650488F8821IND82	Travelers	\$ 500,000
6/13/83 - 6/13/84	650490F113AIND83	Travelers	\$1,000,000
6/13/84 - 6/13/85	650125G5350IND84	Travelers	\$1,000,000
6/13/85 - 5/5/86	650125G5350COF85	Travelers	\$1,000,000
5/5/86 - 5/5/87	650125G5350COF86	Travelers	\$1,000,000
5/5/87 - 5/5/88	650125G5350COF87	Travelers	\$1,000,000
5/5/88 - 5/5/89	650125G5350COF88	Travelers	\$1,000,000
5/5/89 - 5/5/90	650125G5350COF89	Travelers	\$1,000,000

To the best of our knowledge, the policies from 1977 to 1988 provided pollution coverage which occurred from a sudden and accidental incident. From 1988 to 1990, the coverage was changed to exclude pollution coverage in its entirety.

We are providing a copy of the endorsement limiting pollution coverage as well as a copy of the endorsement which excludes it entirely. We are also attaching a copy of the declaration pages of the policies listed above.

Thank you for your attention to this matter. Please contact us if we can be of any further assistance.

Yours truly,



Mary Anne Sander
Commercial Lines Rep.

enc.

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
COMPLETED OPERATIONS AND PRODUCTS LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE
FARM-RANCH COMPREHENSIVE PERSONAL LIABILITY FORM
MANUFACTURER'S AND CONTRACTORS' LIABILITY INSURANCE
OWNER'S AND CONTRACTORS' PROTECTIVE LIABILITY INSURANCE
- OWNER'S, LANDLORDS' AND TENANTS' LIABILITY INSURANCE
SPECIAL GENERAL LIABILITY FORM
THE CATASTROPHE UMBRELLA POLICY
THE ENDEAVOR XS POLICY

Total Exclusion—Wastes and Pollutants

It is agreed that the exclusion relating to the emission, discharge, seepage, release or escape of any liquid, solid, gaseous or thermal waste or pollutant is replaced by the following:

- (1) to bodily injury or property damage arising out of the actual, alleged or threatened discharge, dispersal, release or escape of pollutants:
 - (a) at or from premises the named Insured owns, rents or occupies,
 - (b) at or from any site or location used by or for the named Insured or others for the handling, storage, disposal, processing or treatment of waste,
 - (c) which are at any time transported, handled, stored, treated, disposed of, or processed as waste by or for the named Insured or any person or organization for whom the named Insured may be legally responsible, or
 - (d) at or from any site or location on which the named Insured or any contractors or subcontractors working directly or indirectly on the named Insured's behalf are performing operations:
 - (i) if the pollutants are brought on or to the site or location in connection with such operations, or
 - (ii) if the operations are to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize the pollutants;
- (2) to any loss, cost or expense arising out of any governmental direction or request that the named Insured test for, monitor, clean up, remove, contain, treat, detoxify or neutralize pollutants;

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

Subparagraphs (a) and (d) (i) of paragraph (1) of this exclusion do not apply to bodily injury or property damage caused by heat, smoke or fumes from a hostile fire. As used in this exclusion, a hostile fire means one which becomes uncontrollable or breaks out from where it was intended to be.

5/5/88 - 5/5/89

5/5/89 - 5/5/90

SPECIAL GENERAL LIABILITY FORM
(Forming part of Section II)

Symbol V-242A
Page 3 of 8

- (l) with respect to the *products hazard*, or to liability assumed by the *Insured* under any contract or agreement, to *property damage* to the *Named Insured's products* arising out of such products or any part of such products;
- (m) with respect to the *completed operations hazard*, or to liability assumed by the *Insured* under any contract or agreement, to *property damage* to work performed by the *Named Insured* arising out of such work or any portion thereof, or out of such materials, parts or equipment furnished in connection therewith;
- (n) to damages claimed for the withdrawal, inspection, repair, replacement or loss of use of the *Named Insured's products* or work completed by or for the *Named Insured* or of any property of which such products or work form a part, if such products, work or property are withdrawn from the market or from use because of any known or suspected defect or deficiency therein;
- (o) to *bodily injury* or *property damage* arising out of the: (1) ownership, maintenance, operation, use, loading or unloading of any *mobile equipment* while being used in any prearranged or organized racing, speed or demolition contest or in any stunting activity or in practice or preparation for any such contest or activity; or (2) operation or use of any snowmobile or *trailer* designed for use therewith except that this exclusion (o) (2) does not apply to liability assumed by the *Insured* under any contract or agreement;
- (p) to *bodily injury* or *property damage* arising out of any emission, discharge, seepage, release or escape of any liquid, solid, gaseous or thermal waste or pollutant: (1) if such emission, discharge, seepage, release or escape is either expected or intended from the standpoint of any *Insured* or any person or organization for whose acts or omissions any *Insured* is liable; or (2) resulting from or contributed to by any condition in violation of or non-compliance with any governmental rule, regulation or law applicable thereto; but this exclusion does not apply to *property damage* arising out of any emission, discharge, seepage, release or escape of petroleum or petroleum derivatives into any body of water;
- (q) to *property damage* arising out of any emission, discharge, seepage, release or escape of petroleum or petroleum derivatives into any body of water, but this exclusion does not apply to *property damage* resulting from fire or explosion arising out of any emission, discharge, seepage, release or escape which neither: (1) is expected or intended from the standpoint of any *Insured* or any person or organization for whose acts or omissions any *Insured* is liable, nor (2) results from or is contributed to by any condition in violation of or non-compliance with any governmental rule, regulation or law applicable thereto.

2. Coverage E does not apply to:

(a) *bodily injury*

- (1) arising out of the ownership, maintenance, operation, use, loading or unloading of any: (i) *automobile* or aircraft owned or operated by or rented or loaned to any *Insured*; or (ii) other *automobile* or aircraft operated by any person in the course of his employment by any *Insured*; but this exclusion does not apply to the parking of an *automobile* on the *insured premises*, if such *automobile* is not owned by or rented or loaned to any *Insured*;
- (2) arising out of the: (i) ownership, maintenance, operation, use, loading or unloading of any *mobile equipment* while being used in any prearranged or organized racing, speed or demolition contest or in any stunting activity or in practice or preparation for any such contest or activity; or (ii) operation or use of any snowmobile or *trailer* designed for use therewith;
- (3) arising out of the ownership, maintenance, operation, use, loading or unloading of any: (i) watercraft owned by any *Insured*; (ii) other watercraft 25 feet or more in overall length operated by or rented or loaned to any *Insured*, or operated by any person in the course of his employment by any *Insured*; or (iii) other watercraft being used to carry persons for a charge; but this exclusion does not apply to watercraft while ashore on premises owned by, rented to or controlled by the *Named Insured*;
- (4) arising out of and in the course of the transportation of *mobile equipment* by an *automobile* owned or operated by or rented or loaned to any *Insured*;
- (5) included within the *completed operations hazard* or the *products hazard*;
- (6) arising out of operations performed for the *Named Insured* by independent contractors other than: (i) maintenance and repair of the *insured premises*; or (ii) structural alterations at such premises which do not involve changing the size of or moving buildings or other structures;
- (7) resulting from the selling, serving or giving of any alcoholic beverage: (i) in violation of any statute, ordinance or regulation; (ii) to a minor; (iii) to a person under the influence of alcohol; or (iv) which causes or contributed to the intoxication of any person, if the *Named Insured* is a person or organization engaged in the business of manufacturing, distributing, selling or serving alcoholic beverages or, if not so engaged, is an owner or lessor of premises used for such purposes but only part (i) of this exclusion (7) applies when the *Named Insured* is such an owner or lessor;
- (8) due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or condition incident to any of the foregoing;
- (9) to the *Named Insured*, any partner therein, any tenant or other person regularly residing on the *insured premises* or any employee of any of the foregoing if the *bodily injury* arises out of and in the course of his employment therewith;
- (10) to any other tenant if the *bodily injury* occurs on that part of the *insured premises* rented from the *Named Insured* or to any employee of such a tenant if the *bodily injury* occurs on the tenant's part of the *insured premises* and arises out of and in the course of his employment for the tenant;
- (11) to any person while engaged in maintenance and repair of the *insured premises* or alteration, demolition or new construction at such premises;
- (12) to any person if any benefits for such *bodily injury* are payable or required to be provided under any workers' compensation, unemployment compensation or disability benefits law, or under any similar law;

PROG:

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

COMPREHENSIVE GENERAL LIABILITY INSURANCE
COMPLETED OPERATIONS AND PRODUCTS LIABILITY INSURANCE
CONTRACTUAL LIABILITY INSURANCE
DRUGGISTS' LIABILITY INSURANCE
FARMER'S COMPREHENSIVE PERSONAL INSURANCE
MANUFACTURERS' AND CONTRACTORS' LIABILITY INSURANCE
OWNERS' AND CONTRACTORS' PROTECTIVE LIABILITY INSURANCE
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE
STOREKEEPER'S INSURANCE

LIMITATION OF COVERAGE FOR POLLUTION

It is agreed that the exclusions relating to any emission, discharge, seepage, release or escape of any liquid, solid, gaseous or thermal waste or pollutant are deleted and replaced by the following exclusion:

to **bodily injury or property damage** arising out of any emission, discharge, seepage, release or escape of any liquid, solid, gaseous or thermal waste or pollutant if such emission, discharge, seepage, release or escape is either expected or intended from the standpoint of any **Insured** or any person or organization for whose acts or omissions any **Insured** is liable.

19.



The Travelers Insurance Companies
(Each a Stock Insurance Company)
Hartford, CT 06183-4040

POLICY NO. 650-1256535-0-COF-88
RENEWAL CERTIFICATE

BUSINESS: CLOTHING STORE

STORE PAC

(740) DELUXE

NAMED INSURED AND MAILING ADDRESS

FELY'S FASHIONS,
& PIC-N-PAY INC, DBA
SIX LAKE STREET
MONROE, ORANGE CO., NY

10950

ISSUE DATE: 03/31/88

Effective from 05/05/88 TO 05/05/89 12:01 A.M. Standard Time, at the Named Insured's mailing address.

LOC. BLDG. OCCUPANCY
NO. NO.

ADDRESS

1 1 CLOTHING STORE

6 LAKE STREET
MONROE, ORANGE CO., NY

10950

2 1 CLOTHING STORE

53 NORTH STREET
MIDDLETOWN, ORANGE CO, NY

10940

The Named Insured is an INDIVIDUAL

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy as designated by an '*' and in the company (each a stock company) for which an abbreviation is shown.

Section

Insuring Company

- * I --- Property
- * II -- General Liability
- III - Automobile Liability
- IV -- Automobile Physical Damage
- V --- Crime

COF
COF

**THE POLLUTION COVERAGE ON
THIS POLICY HAS BEEN LIMITED
SEE ENDORSEMENT 35962.**

Your policy is renewed with respect to the declarations, forms and endorsements listed on page 2. Declarations, forms and endorsements not listed no longer apply. Copies of any new declarations, forms and endorsements are attached.

ACCOUNT BILL

PREMIUM SUMMARY

Provisional Premium \$ 1,844
Payable at Inception \$ 1,853.84
Payable at the end of
each month period

RECEIVED
APR 6 1988

WALLACE & BERRY

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

*Includes NY Fire Insurance of \$ 9.84

Office: ALNY -002 Dist: 02 JK Down
Producer: WALLACE & BERRY INC Code: A5825
Commission: .150 Account/Month: N/A

**DIRECT BILL POLICY
DO NOT ADD TO YOUR
ACCOUNTS PAYABLE**

AGENT

SYMBOL 002B(04/87)



The Travelers Insurance Companies
(Each a Stock Insurance Company)
Hartford, CT 06183-4040

POLICY NO. 650-1256535-0-COF-88

STORE PAC

(740) DELUXE

ISSUE DATE: 03/31/88

DECLARATIONS
(Applicable to Sections I, II and V)

Coverages and Limits of Liability: Insurance applies only to an item for which a limit or "included" is shown.

PROPERTY AND INCOME - SECTIONS I & V
Coverage

Limits of Liability
Location No. 1 Location No. 2

A Building			
B Personal Property	\$	23,900	\$ 12,500
C Income - Included (up to 12 months)			

a. Earthquake - Coverage A, B, and C EXCLUDED EXCLUDED

b. Exterior Building Glass - Coverage B - Applies at following
Loc. Bld. Loc. Bld. Loc. Bld.
1 1 2 1

c. Deductible Amount-Coverages A or B (Except as Indicated Below)-\$ 250
Glass Deductible Eliminated at the following
Loc. Bld. Loc. Bld. Loc. Bld.
1 1 2 1

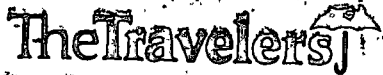
GENERAL LIABILITY - SECTION II
Coverage

Limits of Liability
\$1,000,000 Each Occurrence
\$1,000,000 Aggregate

A Bodily Injury Liability
B Property Damage Liability
P Personal Injury, Incidental Medical
Malpractice, Advertising Injury

E Premises Medical Payments

\$ 5,000 Each Person
\$25,000 Each Accident



The Travelers Insurance Companies
(Each a Stock Insurance Company)
Hartford, CT 06183-4040

PAGE 1 of 2

POLICY NO. 650-1256535-0-COF-87

BUSINESS: CLOTHING STORE

STORE PAC

(740) DELUXE

NAMED INSURED AND MAILING ADDRESS
FELY'S FASHIONS & PIC-N-PAY INC DBA
SIX LAKE STREET
MONROE, ORANGE CO., NY 10950

ISSUE DATE: 05/02/87

Effective from 05/05/87 to 05/05/88

12:01 A.M. Standard time at the Named Insured's mailing address.

LOC. BLDG. OCCUPANCY
NO. NO.

ADDRESS

1 1 CLOTHING STORE

SIX LAKE STREET

MONROE, ORANGE CO., NY

10950

2 1 CLOTHING STORE

53 NORTH STREET

MIDDLETOWN, ORANGE CO., NY

10940

The Named Insured is an INDIVIDUAL

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy as designated by an "and" in the company (each a stock company) for which an abbreviation is shown.

- I -- Property
- II -- General Liability
- III -- Automobile Liability
- IV -- Automobile Physical Damage
- V -- Crime

COF

COF

RECEIVED

MAY 8 1987

WALLACE & BERRY

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered on the Forms List on page two are made part of the policy.

PREMIUM SUMMARY

Provisional Premium \$ 10661
Payable at inception \$ 10669.69
Payable at the end of each month period

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

Includes NY Fire Insurance of \$ 8669

Office: ALNY -002 Dist: 02 PP Down

Producer: WALLACE & BERRY INC

Commission: \$150 Account/Month: N/A

AGENT

SYMBOL 002A(09/83)



The Travelers Insurance Companies
(Each a Stock Insurance Company)
Hartford, CT 06183-4040

MP 100
PAGE 01 of 02

POLICY NO. 650-1256535-0-COF-87

STORE PAC

(740) DELUXE

ISSUE DATE: 05/02/87

DECLARATIONS
(Applicable to Sections I, II and V)

Coverages and Limits of Liability: Insurance applies only to an item for which a limit or "included" is shown.

PROPERTY AND INCOME - SECTIONS I & V
Coverage

	Limits of Liability	
	Location No. 1	Location No. 2
A Building		
B Personal Property		
C Income - Included (up to 12 months)	\$ 23,000	\$ 12,000

a. Earthquake - Coverage A, B, and C

EXCLUDED

EXCLUDED

b. Exterior Building Glass - Coverage B - Applies at following
Loc. Bld. Loc. Bld.
1 1 2 1

c. Deductible Amount-Coverages A or B (Except as Indicated Below)-\$ 250
Glass Deductible Eliminated at the following
Loc. Bld. Loc. Bld. Loc. Bld.
1 1 2 1

GENERAL LIABILITY - SECTION II
Coverage

A Bodily Injury Liability
B Property Damage Liability
P Personal Injury, Incidental Medical
Malpractice, Advertising Injury

Limits of Liability
\$1,000,000 Each Occurrence
\$1,000,000 Aggregate

E Premises Medical Payments

\$ 5,000 Each Person
\$25,000 Each Accident

The Travelers

The Travelers Insurance Companies

(Each a Stock Insurance Company)

Hartford, CT 06115

POLICY NO. 650-1256535-0-COF-86

BUSINESS: CLOTHING STORE

STORE PAC

(740) DELUXE

NAMED INSURED AND MAILING ADDRESS

ISSUE DATE: 05/21/86

~~PELY'S FASHIONS, INC. - PAYING CORP.~~

SIX LAKE STREET

MONROE, ORANGE CO., NY

10950

Effective from 05/05/86 TO 05/05/87 12:01 A.M. Standard Time, at the Named Insured's mailing address.

LOC. BLDG. OCCUPANCY
NO. NO.

ADDRESS

1 1 CLOTHING STORE

SIX LAKE STREET

MONROE, ORANGE CO., NY

10950

2 1 CLOTHING STORE

53 NORTH STREET

MIDDLETOWN, ORANGE CO, NY

10940

The Named Insured is an INDIVIDUAL

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy as designated by an "X" and in the company (each a stock company) for which an abbreviation is shown.

Section

Insuring Company

* I --- Property

COF

* II -- General Liability

COF

III - Automobile Liability

IV -- Automobile Physical Damage

V --- Crime

RECEIVED
MAY 28 1986

WALLACE & GERRY

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered on the Forms List on page two are made part of the policy.

PREMIUM SUMMARY

Provisional Premium \$ 1,462

Payable at inception \$ 1,469.94

Payable at the end of
each month period

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

#includes NY Fire Insurance of \$ 7.94

Office: ALNY #002 Dist: 02 DM

~~WALLACE & GERRY, INC.~~

Code: A5825

Commission: \$150 Account/Month: N/A

AGENT

Symbol 002A(09/83)

DIRECT BILL POLICY
DO NOT ADD TO YOUR
ACCOUNTS PAYABLE

The Travelers Insurance Companies

(Each a Stock Insurance Company)

Hartford, CT 06115

POLICY NO. 850-1256535-0-001-86

STORE PAC

(740) DELUXE

ISSUE DATE: 05/21/86

DECLARATIONS

(Applicable to Sections I, II and V)

Coverages and Limits of Liability: Insurance applies only to an item for which a limit or "included" is shown.

PROPERTY AND INCOME - SECTIONS I & V

Coverage

- A Building
- B Personal Property
- C Income - Included (up to 12 months)

Limits of Liability

Location No. 1 Location No. 2

\$ 20,600 \$ 11,000

a. Earthquake - Coverage A, B, and C

EXCLUDED EXCLUDED

b. Exterior Building Glass - Coverage B - Applies at following

Loc. Bld. Loc. Bld.

2 1

c. Deductible Amount - Coverages A or B (Except as indicated below) - \$ 250

Glass - \$100

Glass Deductible Eliminated at the following

Loc. Bld.

Loc. Bld.

Loc. Bld.

2 1

GENERAL LIABILITY - SECTION II

Coverage

- A Bodily Injury Liability
- B Property Damage Liability
- P Personal Injury, Incidental Medical Malpractice, Advertising Injury

Limits of Liability

\$1,000,000 Each Occurrence

\$1,000,000 Aggregate

E Premises Medical Payments

\$ 5,000 Each Person

\$25,000 Each Accident

ALNY-002 C-3	WALLACE & BERRY INC	A5825	0 2 N N	R	4-23-85 JA
UP-CSP			A/C MO. 06/85	PREMIUM 683 4.27	COMM. .2000 NC
					CO. PREM NYFIF

The Travelers Edition A

Symbol 002A

• STORE PAC 740 DELUXE

• POLICY NO. 650-125G535-0-COF-85
• BUSINESS CLOTHING STORE

NAMED INSURED AND MAILING ADDRESS

• DBA - FELY'S FASHIONS & PIC - N - PLAY
• SIX LAKE STREET
• MONROE, NY 10950

OF-1986

Effective from 6-13-85 to 5-5-86 12 Noon Standard Time, at the Named Insured's mailing address.
(Month, Day, Year) (Month, Day, Year)

LOC. NO. 1 BLDG NO. 1 OCCUPANCY CLOTHING STORE ADDRESS (Same as mailing address unless specified otherwise)

SIX LAKE STREET
MONROE, NEW YORK 10950

The Named Insured is: X • Individual • Partnership • Corporation

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy and in the company (each a stock company) designated by the entry of an "X" and the insuring company abbreviation. This policy is executed by The Travelers on the reverse hereof. The Travelers Indemnity Company, IND; The Charter Oak Fire Insurance Company, COF; The Travelers Indemnity Company of Rhode Island, TRI; The Phoenix Insurance Company, PHX; The Travelers Insurance Company, INS; The Travelers Indemnity Company of America, TIA; The Travelers Indemnity Company of Illinois, TIL.

X • PROPERTY - SECTION I.

Insuring Company: COF

X • GENERAL LIABILITY - SECTION II.

Insuring Company: COF

• AUTOMOBILE LIABILITY - SECTION III.

Insuring Company:

• AUTOMOBILE PHYSICAL DAMAGE - SECTION IV.

Insuring Company:

• WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY - SECTION VI.
If this Section applies, its complete provisions are contained in separate Policy No.

Insuring Company:

Insuring Company:

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered below are made part of the policy.

Section	Declarations	Forms and Endorsements
General	002A MP-100	MP101-2 0280A MP0240 MP199 S-1964 MP-1116 PR37-2 PR 146 MP-110 MP210 MP211
I		
II		
III, IV		

Pro Rata .89

RECEIVED
MAY 21 1985

PREMIUM SUMMARY

Provisional Premium \$ 683
Payable at Inception \$ 687.27*
Payable at the end of each month period. \$

*INCLUDES NYFIF OF 4.27

WALLACE & BERRY,

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

JUN 27 1985

General Declarations

Agent

Symbol 002A

DECLARATIONS

(Applicable to Sections I and II)

- 1 Policy No: **650-125G535-0-COF-85** Issue Date: **4-23-85**
 2 Program: **STORE PAC** Plan: **DELUXE**
 3 Coverages and Limits of Liability: Insurance applies only to an item for which a limit or "included" is shown

COVERAGE

Property and Income—Section I

- A Building
 B Personal Property
 C Income
 Other (indicate additional property coverages below)

LIMITS OF LIABILITY

Location No. 1	Location No. 2
\$	\$
\$ 18,700	\$
Included (up to 12 months)	

General Liability—Section II

- A Bodily Injury Liability
 B Property Damage Liability
 P Personal Injury, Incidental Medical
 Malpractice, Advertising Injury

\$ **1,000,000** { Each Occurrence
 \$ **1,000,000** { Aggregate

- E Premises Medical Payments

{ \$ **5,000** Each Person
 { \$ **25,000** Each Accident

Other (indicate additional liability coverages below)

4. Section I

- a Coinsurance—Waived. Exception
 b Earthquake—Coverages A, B and C— ☐ Included; ☒ Excluded
 c Deductible Amount—Coverages A or B (except as indicated below)—\$ **100**

Theft and Mysterious Disappearance (if insured)—\$ **250**
Earthquake (if insured)— % of the value of the property insured, to be separately determined for and separately applied to loss to each building, property in each building, and property in the open at each premises.
 Other

- d Mortgagee—Coverage A only:

Location No.	Building No.	Name and Address
--------------	--------------	------------------

- e. Exterior Building Glass—Coverage B—Applies at the following locations:

Location No.	Building No.	Location No.	Building No.
--------------	--------------	--------------	--------------

- f. Property Within Condominium Units (applicable if the Named Insured is a condominium association)—Coverage A applies to property within individual condominium units as follows: ☐ Provision A—Bare Walls; ☐ Provision B—Original Specifications; ☐ Provision C—All in

5. Special Provisions:

NEW YORK FIRE DISTRICT (34-43) HONROE, NY VILLAGE OF

The Travelers

The Travelers Insurance Companies
(Each a Stock Insurance Company)
Hartford, Connecticut

POLICY NO. 650-1256535-0-IND-84

BUSINESS: CLOTHING STORE

STORE PAC

(740) DELUXE

NAMED INSURED AND MAILING ADDRESS
DBA, FELY'S FASHIONS & PIC-N-PLAY,
INC., BARRY M. LEEDS
SIX LAKE STREET
MONROE, NY 10950

ISSUE DATE: 06/12/84

OF 85

Effective from 06/13/84 TO 06/13/85 12:01 A.M. Standard Time, at the Named Insured's mailing address.

LOC. BLDG. OCCUPANCY
NO. NO.
1 1 CLOTHING STORE

ADDRESS

SIX LAKE STREET
MONROE, NY 10950

The Named Insured is an INDIVIDUAL

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy as designated by an '*' and in the company (each a stock company) for which an abbreviation is shown.

Section	Insuring Company
* I --- Property	IND
* II --- General Liability	IND
III --- Automobile Liability	
IV --- Automobile Physical Damage	
V --- Crime	

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered on the Forms List on page two are made part of the policy.

PREMIUM SUMMARY

Provisional Premium \$ 596
Payable at Inception \$ 599.28
Payable at the end of each month period

*Includes NY Fire Insurance of \$ 3.28

Office: 002 Code: A5825 Dist: 01
Producer: WALLACE & BERRY, INC.

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

RECEIVED

JUN 24 1984

WALLACE & BERRY

INSURED

Symbol 002A(09/83)

Agent

Travelers Insurance Companies
 Each a Stock Insurance Company
 Hartford, Connecticut

POLICY NO. 650-125G535-0-IND-84

STORE PAC

(740) DELUXE

ISSUE DATE: 06/12/84

DECLARATIONS

(Applicable to Sections I, II and V)

Coverages and Limits of Liability: Insurance applies only to an item for which a limit or "included" is shown.

PROPERTY AND INCOME - SECTIONS I & V

Coverage	Location No.	1	Location No.
A Building			
B Personal Property	\$	17,000	
C Income - Included (up to 12 months)			

a. Earthquake - Coverage A, B, and C

EXCLUDED

b. Exterior Building Glass - Coverage B - Applies at following

Loc. No.	Bld. No.	Loc. No.	Bld. No.	Loc. No.	Bld. No.
1	1				

c. Deductible Amount-Coverages A or B (Except as Indicated Below)-\$ 100

Theft and Mysterious Disappearance - \$ 250

Other: Glass Deductible Eliminated at the following

Loc. No.	Bld. No.	Loc. No.	Bld. No.	Loc. No.	Bld. No.
1	1				

GENERAL LIABILITY - SECTION II

Coverage	Limits of Liability
A Bodily Injury Liability	\$1,000,000 Each Occurrence
B Property Damage Liability	\$1,000,000 Aggregate
P Personal Injury, Incidental Medical Malpractice, Advertising Injury	

E Premises Medical Payments

\$ 5,000 Each Person
 \$25,000 Each Accident

OFF CODE DIST	AGENT & CODE	W.F. SURV. AUD. (REIN)	POLICY CODE	ISSUE DATE
ALNY002 E-1	BROOKS-QUACKENBUSH AGENCY INC. A 5825	0 2 N N	RER	8/1/83AB
UP-CSP		A/C MO.	PREMIUM	COMM. CO.
		8/83 8/83	527 2.85	2000 NC PREM HYFIF

Symbol 002A

The Travelers Edition A

- **STORE PAC (740) DELUXE** • **POLICY NO. 650-490F113-A-IND-83**
 NAMED INSURED AND MAILING ADDRESS • **BUSINESS CLOTHING STORE**
 • **D/B/A - FELY'S FASHIONS & PIC-N-PLAY INC., BARRY M. LEEDS**
 • **6 LAKE STREET**
 • **MONROE, ORANGE CO., NEW YORK 10950**

Effective from **06/13/83** to **06/13/84** 12 Noon Standard Time, at the Named Insured's mailing address.
 (Month, Day, Year) (Month, Day, Year)

LOC. BLDG. OCCUPANCY ADDRESS (Same as mailing address unless specified otherwise)
 NO. NO.
1 1 RETAIL STORE 6 LAKE STREET
MONROE, ORANGE CO., NEW YORK

The Named Insured is:

☒ • Individual

• Partnership

• Corporation

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy and in the company (each a stock company) designated by the entry of an "X" and the insuring company abbreviation. This policy is executed by The Travelers on the reverse hereof. The Travelers Indemnity Company, IND; The Charter Oak Fire Insurance Company, COF; The Travelers Indemnity Company of Rhode Island, TRI; The Phoenix Insurance Company, PHX; The Travelers Insurance Company, INS; The Travelers Indemnity Company of America, TIA; The Travelers Indemnity Company of Illinois, TIL.

☒ • **PROPERTY - SECTION I.**Insuring Company: **IND**☒ • **GENERAL LIABILITY - SECTION II.**Insuring Company: **IND**• **AUTOMOBILE LIABILITY - SECTION III.**

Insuring Company:

• **AUTOMOBILE PHYSICAL DAMAGE - SECTION IV.**

Insuring Company:

• **WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY - SECTION VI.**
 If this Section applies, its complete provisions are contained in separate Policy No.

Insuring Company:

Insuring Company:

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered below are made part of the policy.

Section
General
Declarations
002A

Forms and Endorsements

MP-0240, 0280A, MP-101, MP-199I **MP-100****MP-1116, 810AA-BB, PR 37-1**II **MP-100****V-242A, MP-210, 5-1964**

III, IV

RECEIVED**AUG - 4 1983****BROOKS QUACKENBUSH****PREMIUM SUMMARY**

Provisional Premium \$ **527**
 Payable at Inception \$ **529.85***
 Payable at the end of each month period. \$ **AUG 05 1983**

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

***INCLUDES NY FIRE INSURANCE FEE OF \$2.85**

General Declarations

Symbol 002A

DECLARATIONS
(Applicable to Sections I and II)

MP 100

1. Policy No: **650-490F113-A-IND-83**
2. Program: **STORE PAC**
3. Coverages and Limits of Liability: Insurance applies only to an item for which a limit or "included" is shown.

Issue Date: **8/1/83**
Plan: **DELUXE**

COVERAGE
Property and Income—Section I

- A Building
B Personal Property
C Income

Other (indicate additional property coverages below):

LIMITS OF LIABILITY

Location No. 1	Location No. 2
\$	\$
\$ 16,000	\$
Included (up to 12 months)	

General Liability—Section II

- A Bodily Injury Liability
B Property Damage Liability
P Personal Injury, Incidental Medical
Malpractice, Advertising Injury

\$ **1,000,000** { Each Occurrence
Aggregate

- E Premises Medical Payments

{ \$ **5,000** Each Person
\$ **25,000** Each Accident

Other (indicate additional liability coverages below):

4. Section I

- a Coinsurance—Waived. Exception:
b Earthquake—Coverages A, B and C— ☐ Included; ☒ Excluded
c Deductible Amount—Coverages A or B (except as indicated below)—\$ **100**
Theft and Mysterious Disappearance (if insured)—\$ **250**

Earthquake (if insured)— % of the value of the property insured, to be separately determined for and separately applied to loss to each building, property in each building, and property in the open at each premises.

Other:

NO DEDUCTIBLE APPLIES TO GLASS

- d Mortgagee—Coverage A only:

Location No.	Building No.	Name and Address
--------------	--------------	------------------

- e. Exterior Building Glass—Coverage B—Applies at the following locations:

Location No.	Building No.	Location No.	Building No.
1	1		

- f. Property Within Condominium Units (applicable if the Named Insured is a condominium association)—Coverage A applies to property within individual condominium units as follows: ☐ Provision A—Bare Walls; ☐ Provision B—Original Specifications; ☐ Provision C—All in

5. Special Provisions:

NEW YORK FIRE DISTRICT: 34-43 (MONROE)

OFF CODE DIST	AGENT & CODE	W.F. SURV AUD REIN	POLICY CODE	ISSUE DATE
ALNT-002	BROOKS-QUACKENBUSH AGENCY	2 N H	N	5/25/82 NK
C-1	INC. A5825	A/C MO.	PREMIUM	COMM. CO.
UP-CSP		06/82	228	2000 PREMIUM

The Travelers Edition A

Policy C#1:

Symbol 002A

• STORE PAC (740) BASIC

• POLICY NO. **650-488F882-1-IND-82**
• BUSINESS **CHILDREN'S CLOTHING**

NAMED INSURED AND MAILING ADDRESS
DBA-FELY'S KIDS PIC N PAY INC.
8 MILLPOND PARKWAY
MONROE, ORANGE CO., NEW YORK 10950

Effective from **5/12/82** to **5/12/83** 12 Noon Standard Time, at the Named Insured's mailing address.
(Month, Day, Year) (Month, Day, Year)

LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (Same as mailing address unless specified otherwise)
1	1	STORE 8	
		MULTIPLE OCCUPANCIES	SAME

The Named Insured is:

• Individual

• Partnership

☒ • Corporation

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy and in the company (each a stock company) designated by the entry of an "X" and the insuring company abbreviation. This policy is executed by The Travelers on the reverse hereof. The Travelers Indemnity Company, IND; The Charter Oak Fire Insurance Company, COF; The Travelers Indemnity Company of Rhode Island, TRI; The Phoenix Insurance Company, PHX; The Travelers Insurance Company, INS; The Travelers Indemnity Company of America, TIA; The Travelers Indemnity Company of Illinois, TIL.

☒ • PROPERTY – SECTION I.

Insuring Company: **IND**

☒ • GENERAL LIABILITY – SECTION II.

Insuring Company: **IND**

• AUTOMOBILE LIABILITY – SECTION III.

Insuring Company:

• AUTOMOBILE PHYSICAL DAMAGE – SECTION IV.

Insuring Company:

• WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY – SECTION VI.
If this Section applies, its complete provisions are contained in separate Policy No.

Insuring Company:

Insuring Company:

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered below are made part of the policy.

Section	Declarations	Forms and Endorsements
General	002A	MP-0240 MP-0280A PR37
I	MP-174	MP-1117 IL0012 810AA-BB-1128
II	MP-174	V-242A 31110
III, IV		

MAY 28 1982

PREMIUM SUMMARY

Provisional Premium **\$228** MAY 28 1982
Payable at Inception **\$228**
Payable at the end of each month period. \$

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

"agent"

General Declarations

Symbol 002A

DECLARATIONS
(Applicable to Sections I and II)

1. Policy No: **650-488F882-1-IND-82**

Issue Date: **5/25/82**

2. Form Applicable — STANDARD FORM (Section I); SPECIAL GENERAL LIABILITY FORM (Section II).

3. Coverages and Limits of Liability — Insurance applies only to an item for which a limit or "included" is shown.

Coverage		Limits of Liability	
Property and Income — Section I		Location No. 1	Location No. 2
A	Building	\$	\$
B	Personal Property	\$	\$
C	Income — Included (up to 12 months)	\$ 10,000	\$
General Liability — Section II			
A	Bodily Injury Liability	500,000 250,000	each occurrence aggregate
B	Property Damage Liability		
P	Personal Injury		
	Incidental Medical Malpractice Advertising Injury		
E	Premises Medical Payments	\$ 500 \$ 10,000	each person each accident

4. Section I — Coverage A or B

a. Coinsurance — Waived. Exception: **NO DEDUCTIBLE APPLIES TO GLASS**

b. Deductibles — \$100. Exception:

c. Mortgagee — Coverage A only

Loc. No.

Bldg. No.

Name and Address

d. Exterior Building Glass — Coverage B — Applicable when a number is shown:

Loc. No.

Bldg. No.

Loc. No.

Bldg. No.

5. Special Provisions

a. **FIRE DISTRICT NY 3443 (MONROE VILLAGE OF)**

**ADDITIONAL INSURED: ROSS REALTY & BERNARD ROSS
C/O ROSS LUMBER
37 LAKE ST. MONROE, NY 10950**

b. Minnesota and South Carolina

Loc. No.

Bldg. No.

Insurable Value

\$

ALNY-00	C-1	BROOKS-QUACKENBUSH AGCY, INC. A5825	0	2	N	N	20.	262.	4/14/81
UP-CSP									

The Travelers Edition A

Policy Code: R

Symbol 002

• STORE PAC (740) BASIC

NAMED INSURED AND MAILING ADDRESS

• POLICY NO. 650-848E210-9-IND-81
• BUSINESS CLOTHING STORE

• DBA-FELY'S PIC-N-PAY INC., BARRY M. LEEDS
• 8 MILLPOND PARKWAY
• MONROE, ORANGE CO., NEW YORK 10950

Effective from 5/5/81 to 5/5/82
(Month, Day, Year) (Month, Day, Year)

12 Noon Standard Time, at the Named Insured's mailing address.

LOC. NO. BLDG. NO. OCCUPANCY

ADDRESS (Same as mailing address unless specified otherwise)

1 1 RETAIL STORE

SAME 31-2379

The Named Insured is:

X • Individual

• Partnership

• Corporation

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy and in the company (each a stock company) designated by the entry of an "X" and the insuring company abbreviation. This policy is executed by The Travelers on the reverse hereof. The Travelers Indemnity Company, IND; The Charter Oak Fire Insurance Company, COF; The Travelers Indemnity Company of Rhode Island, TRI; The Phoenix Insurance Company, PHX; The Travelers Insurance Company, INS; The Travelers Indemnity Company of America, TIA; The Travelers Indemnity Company of Illinois, TIL.

X • PROPERTY – SECTION I.

Insuring Company: IND

X • GENERAL LIABILITY – SECTION II.

Insuring Company: IND

• AUTOMOBILE LIABILITY – SECTION III.

Insuring Company:

• AUTOMOBILE PHYSICAL DAMAGE – SECTION IV.

Insuring Company:

• WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY – SECTION VI.

Insuring Company:

If this Section applies, its complete provisions are contained in separate Policy No.

Insuring Company:

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered below are made part of the policy.

Section General Declarations

Forms and Endorsements

002A

MP-0240 0280A, GL-0019

I MP-174

MP-1117, IL-0012, 810AA-BB

II MP-174

MV-242A, 31110

III, IV

PREMIUM SUMMARY

Provisional Premium \$ 262

Payable at Inception \$ 262

Payable at the end of each month period. \$ 262 MAY 06 1981

AUTHORIZED AGENT

APR 16 1981 CO-INSURANCE DATE

General Declarations

Symbol 002A

2. Policy No: **650-848E210-9-IND-81**

Issue Date: **4/14/81**

3. Coverages and — STANDARD FORM (Section I); SPECIAL GENERAL LIABILITY FORM (Section II).

Coverability — Insurance applies only to an item for which a limit or "included" is shown.

Property and Income — Section I

- A Building
- B Personal Property
- C Income — Included (up to 12 months)

Limits of Liability

	Location No. 1	Location No. 2
	\$ NIL	\$
	\$ 12,000	\$

General Liability — Section II

- A Bodily Injury Liability
- B Property Damage Liability
- P Personal Injury
- Incidental Medical Malpractice
- Advertising Injury
- E Premises Medical Payments

\$300,000 } each occurrence
aggregate

{ \$ 500 each person
\$ 10,000 each accident

4. Section I — Coverage A or B

a. Coinsurance — Waived. Exception:

b. Deductibles — \$100. Exception: **NO DEDUCTIBLE APPLIES TO GLASS.**

c. Mortgagee — Coverage A only

Loc. No.

Bldg. No.

Name and Address

d. Exterior Building Glass — Coverage B — Applicable when a number is shown:

Loc. No.

Bldg. No.

Loc. No.

Bldg. No.

5. Special Provisions

a.

b. Minnesota and South Carolina

Loc. No.

Bldg. No.

Insurable Value
\$

ALNY002	C-1	BROOKS-QUACKENBUSH AGCY	0	2	X	X	20	300	9/2/81BP
UP-CSP		INC. A5825							

The Travelers Edition A

Policy Code. **N**

Symbol 002A

STORE PAC (740) BASIC
NAMED INSURED AND MAILING ADDRESS

• POLICY NO. **650-222F737-7-IND-81**
 • BUSINESS **CLOTHING STORE**

• **DBA FELY'S OUTLET PIC-N-PAY INC. BARRY M. LEEDS**
 • **53 LAYFAYETTE AVE**
 • **SUFFERN, ROCKLAND CO., NEW YORK**

*To be filed
 12/13/81*

Effective from **7/27/81** to **7/27/82** 12 Noon Standard Time, at the Named Insured's mailing address.
 (Month, Day, Year) (Month, Day, Year)

LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (Same as mailing address unless specified otherwise)
1	1	CLOTHING STORE	

The Named Insured is:

• Individual

• Partnership

• **X** • Corporation**POLICY SECTIONS AND INSURING COMPANY**

The Travelers agrees with the Named Insured to provide insurance under a section of this policy and in the company (each a stock company) designated by the entry of an "X" and the insuring company abbreviation. This policy is executed by The Travelers on the reverse hereof The Travelers Indemnity Company, IND; The Charter Oak Fire Insurance Company, COF; The Travelers Indemnity Company of Rhode Island, TRI; The Phoenix Insurance Company, PHX; The Travelers Insurance Company, INS; The Travelers Indemnity Company of America, TIA; The Travelers Indemnity Company of Illinois, TIL.

• **X** • PROPERTY – SECTION I.Insuring Company: **IND**• **X** • GENERAL LIABILITY – SECTION II.Insuring Company: **IND**

• AUTOMOBILE LIABILITY – SECTION III.

Insuring Company:

• AUTOMOBILE PHYSICAL DAMAGE – SECTION IV.

Insuring Company:

• WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY – SECTION VI.

Insuring Company:

If this Section applies, its complete provisions are contained in separate Policy No.

Insuring Company:

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered below are made part of the policy.

Section	Declarations	Forms and Endorsements
General	002A	MP-0240 0280A PR-37 1128
I	MP-174	MP-1117
II	MP-174	V-242A 31110 SEP 8
III, IV		

PREMIUM SUMMARY

Provisional Premium	\$	300	SEP 15 1981
Payable at Inception	\$	300	
Payable at the end of each _____ month period.	\$		

AUTHORIZED AGENT_____
COUNTERSIGNATURE DATE

General Declarations

Symbol 002A

DECLARATIONS
(Applicable to Sections I and II)

1. Policy No: **650-222F137-7-IND-81**

Issue Date: **9/2/81**

2. Form Applicable - STANDARD FORM (Section I); SPECIAL GENERAL LIABILITY FORM (Section II).

3. Coverages and Limits of Liability - Insurance applies only to an item for which a limit or "included" is shown.

Coverage		Limits of Liability	
Property and Income - Section I		Location No. 1	Location No. 2
A	Building	\$ 10,000	\$
B	Personal Property		\$
C	Income - Included (up to 12 months)		
General Liability - Section II			
A	Bodily Injury Liability	\$300,000	each occurrence aggregate
B	Property Damage Liability		
P	Personal Injury		
	Incidental Medical Malpractice		
	Advertising Injury		
E	Premises Medical Payments	\$ 500	each person
		\$ 10,000	each accident

4. Section I - Coverage A or B

a. Coinsurance - Waived. Exception:

b. Deductibles - \$100. Exception:

NO. DED. APPLIES TO GLASS

c. Mortgagee - Coverage A only

Loc. No.

Bldg. No.

Name and Address

d. Exterior Building Glass - Coverage B - Applicable when a number is shown:

Loc. No.

Bldg. No.

Loc. No.

Bldg. No.

5. Special Provisions

a.

b. Minnesota and South Carolina

Loc. No.

Bldg. No.

Insurable Value

\$

OFFICE & CODE	DIST.	PRODUCER & CODE	W.F. SURV.	A	Y	N	Y	N	COMM. A	PREMIUM	ISSUE DATE
FLNY-002 UP-CSP	C-1	BROOKS-QUACKENBUSH AGENCY INC. A5825	2		N	N			20	\$296.	4-15-80 TR

The Travelers Edition A

Policy Code:

Symbol 002A

• STORE PAC (740)

NAMED INSURED AND MAILING ADDRESS

• POLICY NO. 650-848E210-9-IND-80

• BUSINESS CLOTHING STORE

• DBA, FELY'S PIC-N-PAY INC., BARRY M. LEEDS
8 MILLPOND PARKWAY
MONROE, ORANGE CO., NEW YORK 10950

Effective from 5-5-80 to 5-5-81
(Month, Day, Year) (Month, Day, Year)

12 Noon Standard Time, at the Named Insured's mailing address.

LOC.
NO.

BLDG.
NO.

OCCUPANCY

ADDRESS (Same as mailing address unless specified otherwise)

1

1

RETAIL STORE

SAME 31-2379

The Named Insured is:

X • Individual

• Partnership

• Corporation

POLICY SECTIONS AND INSURING COMPANY

The Travelers agrees with the Named Insured to provide insurance under a section of this policy and in the company (each a stock company) designated by the entry of an "X" and the insuring company abbreviation. This policy is executed by The Travelers on the reverse hereof. The Travelers Indemnity Company, IND; The Charter Oak Fire Insurance Company, COF; The Travelers Indemnity Company of Rhode Island, TRI; The Phoenix Insurance Company, PHX; The Travelers Insurance Company, INS; The Travelers Indemnity Company of America, TIA; The Travelers Indemnity Company of Illinois, TIL.

X • PROPERTY - SECTION I.

Insuring Company: IND

X • GENERAL LIABILITY - SECTION II.

Insuring Company: IND

• AUTOMOBILE LIABILITY - SECTION III.

Insuring Company:

• AUTOMOBILE PHYSICAL DAMAGE - SECTION IV.

Insuring Company:

• WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY - SECTION VI.

Insuring Company:

If this Section applies, its complete provisions are contained in separate Policy No.

Insuring Company:

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered below are made part of the policy.

Section
General

Declarations

Forms and Endorsements

002A

MP 0240

I

MP-174,

112A, MP 1117, IL 0012, E126

II

MP-174

V-242A

III, IV

PREMIUM SUMMARY

Provisional Premium

\$ 296.

Payable at Inception

\$ 296.

Payable at the end of each _____
month period.

\$

MAY 29 1980

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

DECLARATIONS
(Applicable to Sections I and II)

1. Policy No: **65-0-848E210-9-IND-80**

Issue Date: **4-15-80**

2. Form Applicable — STANDARD FORM (Section I); SPECIAL GENERAL LIABILITY FORM (Section II).

3. Coverages and Limits of Liability — Insurance applies only to an item for which a limit or "included" is shown.

Coverage		Limits of Liability	
Property and Income — Section I		Location No. 1	Location No. 2
A	Building	\$ NIL	\$
B	Personal Property	\$ 11,000.	\$
C	Income — Included (up to 12 months)		
General Liability — Section II			
A	Bodily Injury Liability		
B	Property Damage Liability		
P	Personal Injury	\$300,000	each occurrence aggregate
	Incidental Medical Malpractice		
	Advertising Injury		
E	Premises Medical Payments	\$ 500	each person
		\$ 10,000	each accident

4. Section I — Coverage A or B

a. Coinsurance — Waived. Exception:

b. Deductibles — \$100. Exception:

c. Mortgagee — Coverage A only

Loc. No.

Bldg. No.

Name and Address

d. Exterior Building Glass — Coverage B — Applicable when a number is shown:

Loc. No.

Bldg. No.

Loc. No.

Bldg. No.

5. Special Provisions

a.

b. Minnesota and South Carolina

Loc. No.

Bldg. No.

Insurable Value

\$

ALNY-002	C-1	BROOKS-QUACKENBUSH AGENCY INC. A5825	2	N	N	20	241	5/31/79CS
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The Travelers Edition A

Policy Code:

Symbol 002A

• STOREPAC (777) BASIC

• POLICY NO. **650-848E210-9-IND-79**
 • BUSINESS **CLOTHING STORE**

NAMED INSURED AND MAILING ADDRESS

• DBA PIC N PAY INC, FELY'S FASHION, BARRY M LEEDS
 • 8 MILLPOND PARKWAY
 • MONROE, ORANGE CO, NY 10950

Effective from **5/5/79** to **5/5/80**
 (Month, Day, Year) (Month, Day, Year)

12 Noon Standard Time, at the Named Insured's mailing address.

LOC. NO. BLDG. NO. OCCUPANCY

ADDRESS (Same as mailing address unless specified otherwise)

1 1 RETAIL STORE

SAME 31-2379

The Named Insured is:

☒ • Individual☐ • Partnership☐ • Corporation**POLICY SECTIONS AND INSURING COMPANY**

The Travelers agrees with the Named Insured to provide insurance under a section of this policy and in the company (each a stock company) designated by the entry of an "X" and the insuring company abbreviation. This policy is executed by The Travelers on the reverse hereof. The Travelers Indemnity Company, IND; The Charter Oak Fire Insurance Company, COF; The Travelers Indemnity Company of Rhode Island, TRI; The Phoenix Insurance Company, PHX; The Travelers Insurance Company, INS; The Travelers Indemnity Company of America, TIA; The Travelers Indemnity Company of Illinois, TIL.

• PROPERTY – SECTION I.

Insuring Company: **IND**

• GENERAL LIABILITY – SECTION II.

Insuring Company: **IND**

• AUTOMOBILE LIABILITY – SECTION III.

Insuring Company:

• AUTOMOBILE PHYSICAL DAMAGE – SECTION IV.

Insuring Company:

• WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY – SECTION VI.
 If this Section applies, its complete provisions are contained in separate Policy No.

Insuring Company:

Insuring Company:

DECLARATIONS, FORMS AND ENDORSEMENTS

The declarations, forms and endorsements for which symbol numbers are entered below are made part of the policy.

Section	Declarations	Forms and Endorsements
General		
I	002A	MP 0240
II	MP-174	MP 1117 IL0012
III, IV	MP-174	V242A

PREMIUM SUMMARY

Provisional Premium \$ **241**
 Payable at Inception \$ **241**
 Payable at the end of each month period. \$

JUL 11 1979

AUTHORIZED AGENT

COUNTERSIGNATURE DATE

General Declarations

Symbol 002A

1. Policy No: **650-848E210-9-IND-79**

Issue Date: **5/31/79**

2. Form Applicable — STANDARD FORM (Section I); SPECIAL GENERAL LIABILITY FORM (Section, II).

3. Coverages and Limits of Liability — Insurance applies only to an item for which a limit or "included" is shown.

Coverage		Limits of Liability	
Property and Income — Section I		Location No. 1	Location No. 2
A	Building	\$ NIL	\$
B	Personal Property	\$ 10.000	\$
C	Income — Included (up to 12 months)		
General Liability — Section II			
A	Bodily Injury Liability	\$300,000	each occurrence aggregate
B	Property Damage Liability		
P	Personal Injury		
	Incidental Medical Malpractice Advertising Injury		
E	Premises Medical Payments	{ \$ 500 \$ 10,000	each person each accident

4. Section I — Coverage A or B

a. Coinsurance — Waived. Exception:

b. Deductibles — \$100. Exception:

c. Mortgagee — Coverage A only.

Loc. No.

Bldg. No.

Name and Address

d. Exterior Building Glass — Coverage B — Applicable when a number is shown:

Loc. No.

Bldg. No.

Loc. No.

Bldg. No.

1

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5. Special Provisions

a.

b. Minnesota and South Carolina

Loc. No.

Bldg. No.

Insurable Value

\$